



‘He is Quirky; He is the World’s Greatest Psychologist’: On the Community of Those Who Have Nothing in Common

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In this article, we challenge the concept of the therapeutic relationship as an operationalisable entity. In contrast to this idea, we introduce Alphonso Lingis’ concept of community, and his distinction between the *rational community* and the *community of those who have nothing in common*. This is done through speculative analysis of a transcribed sequence from a research interview with a boy who speaks about his experiences of receiving mental health care. This boy and his family were helped through a network-oriented, dialogical approach. In the sequence highlighted here, the boy speaks of the significance of a particular mental health practitioner. The boy expresses appreciation for the help he has received, yet it is difficult to translate the boy’s utterances into meaningful professional jargon. Although the paper makes use of an actual sequence from a research interview, the argument is not empirical in nature. The purpose of the paper is to elaborate on theory, and to examine some possible consequences for future practice.

Keywords: mental health, dialogical practices, therapeutic relationship, ethics, Alphonso Lingis, community, subjectification

Key Points

- 1 The idea of an operationalisable therapeutic relationship risks blocking possibilities for subjectivity to emerge in individual and family therapy.
- 2 Alphonso Lingis’ notion of *community* might provide a more productive fit with dialogical practices than the idea of a generic therapeutic relationship.
- 3 Shared understanding happens within a rational community.
- 4 Simultaneously, the emergence of subjectivity happens within the *community of those who have nothing in common*.
- 5 Substituting ‘community’ for ‘relationship’ might allow for a richer understanding of what goes on in dialogical practices.

What is life, indeed, if not a proliferation of loose ends! It can only be carried on in a world that is not fully joined up, not fully articulated. Thus the very continuity of life – its sustainability, in current jargon – depends on the fact that nothing ever quite fits. (Ingold, 2013a, p. 132)

Within the field of psychotherapy, it is widely assumed that a good therapeutic relationship between practitioner¹ and the person or persons seeking help is key to a successful outcome (Duncan, Miller, & Sparks, 2004; Duncan, Miller, Wampold, & Hubble, 2010; Orlinsky, 2009). Some researchers claim that the relationship is the ‘*sine qua non* of psychological treatment’ (Norcross & Lambert, 2014). The importance of the

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therapeutic relationship is, in many respects, held to be independent of specific treatment methods and modalities (Norcross & Lambert, 2011; Orlinsky, 2009; Wampold & Imel, 2015). Fonagy and Allison (2014) thus claim that '[u]ltimately, it may be that therapeutic change is not due to new skills or new insights gained in the consulting room, but rather to the capacity of the therapeutic relationship to create a potential for learning about oneself and others in the world outside of therapy' (p. 378). Norcross and Lambert (2014) claim that the evidence base for the importance of the therapeutic relationship to therapy outcome 'compels clinicians, regardless of theoretical tradition or professional discipline, to activate those relational behaviors [...] that contribute mightily to successful outcomes,' (p. 402) and that teaching such behaviours should be a main focus in the training of clinicians.

In the family therapy field, there has been much debate about what constitutes an effective therapeutic relationship. In its beginnings in cybernetics, practitioners were seen as directive interventionists, working from a neutral position outside the family structure (Hoffman, 1981). Since the narrative turn in family therapy, and under significant influence of social constructionism (Gergen, 1999), a profound suspicion towards the notion of objective knowledge has turned the focus more towards the importance of ethics for the therapeutic relationship (Rober, 2015). Ethics is here seen as both the starting point of therapy and an ongoing aspect of the dialogue that is decisive to the whole therapeutic endeavour (Brown, 2015; Lerner, 2015a, 2015b). More than simply a means for necessary interventions, the dialogue between practitioner and clients has itself come to be seen as an end in itself (Arnkil & Seikkula, 2015; Seikkula, 2011; Seikkula & Trimble, 2005).

Although the therapeutic relationship is described and understood slightly differently across disciplines, and between different theoretical frameworks, most views have in common the assumption that the relationship between practitioner and client(s), to a significant extent, can be understood and described in generic terms (e.g., Bordin, 1979). This broad consensus should, in itself, compel us to be weary of what is left out and suppressed by the concept of the therapeutic relationship, and to exert ourselves to look beyond, underneath, and beside it.

By applying Alphonso Lingis' (1994) distinction between *the rational community* and *the community of those who have nothing in common*, we will here elaborate on what it might be that lies beyond what can be communicated in professional jargon, what value this might have, and how our ideas about the training of professionals might become different if we were to take this into account. Our argument will challenge both the view that what is important in what goes on between people participating in therapeutic encounters can be operationalised and systematically described (Orlinsky, 2009), and the social constructionist view that what is *co-constructed* in language is the primary domain for the emergence of important things between practitioners and people seeking help (Burr, 2003).

Quirkiness as a Professional Virtue?

One of the authors has recently led a study seeking knowledge about good mental health care, through interviewing youths presently participating in network-oriented, dialogical practices facilitated by a mental health service, about their experiences of the help offered (Bøe et al., 2013, 2014, 2015; Lidbom et al., 2014, 2015). The sequence below is taken from an interview with 'John,' a 17-year-old boy who

together with his family has participated in several conversations facilitated by a particular practitioner (Bøe et al., 2015, p. 180):²

Interviewer: It's quite fun to hear about the conversations you have with him [the practitioner].

John: Yes. It's something about him ... He is quirky [smiles broadly, twisting his body].

Interviewer: He is quirky. Was that what you said?

John: Yes. He is quirky. He is ... he is like ... sometimes I have said that he is ... he is like ... he is quirky actually [laughs loudly]. It's hard to say how he is. ... He is weird. He is a real ... No, everyone should have one like him. I would recommend him to anyone. ... So he is ... he must be ... No, he is simply the world's greatest ... psychologist. He is just insanely good.

Interviewer: What is it that makes him the world's greatest psychologist, then?

John: Well, it is ... the way he ... just to look ... just to look at him, you know [smiles and twists his body]. Just to see him, like, the way he looks. ... He is ... he is quirky, simply. ... Unfortunately, I cannot describe him with any other words than that. Uh ... [smiles, shakes his head]. The first thing he does in the conversation is kid about something and laugh completely wildly. Ha, ha, ha [he is presumably imitating the practitioner].

One gets the impression that John thinks highly of the services provided to him, and that he holds his particular mental health practitioner in high regard. Yet, it seems as though he doesn't have a functional language for articulating what it is that makes the practitioner deserving of such regard. It might be tempting to assume that the reason for this is that John has no knowledge of the language of psychological discourse, or of the logics of therapy. Still, it could seem as though he is trying to convey something important. Maybe this – whatever it is – that is of importance, does not readily lend itself to expression through professional language? 'No ... he's quirky ...' There's something un-understandable going on. What if an important, but different and maybe unacknowledged, form of professionalism might be hidden in this notion of quirkiness?

As John is trying to answer the questions about what it is that makes this particular practitioner so good, his manner of talking undergoes a sudden unexpected change. It goes from being articulate and easy-flowing, to seeming laboursome and uncertain. Earlier in the interview, he has talked about what he and the mental health practitioner have done together in their conversations – about strategies planned, and choices made. But when asked about what it is about this particular mental health practitioner's unique contribution to the conversations that made a difference, it seems as though the concepts used to explain the helpfulness of the therapeutic process itself suddenly have no relevance. What has already been articulated about the *themes* of past conversations provides no scaffolding for explaining the value of quirkiness.

Articulate Speech

Linguists may sometimes refer to what ensues from a process of mentally piecing together information into larger, meaningful elements, finally to be communicated as

vocal utterances, as ‘articulate speech.’ When linking mind and speech in this way, one assumes the said to be the end product of a chain of thoughts, and speech to be the articulation of a finished process (Ingold, 2013a). One might call this a *logocentric* view of speech, where the semantic logic, and the referential value of words, are seen as the main ingredients in dialogue. Much of the literature on the discourses of therapy can be said to be representative of such a view. Whether practitioners hold the main task of therapy to be identifying suboptimal thought patterns, interpreting the fragmented utterances of the person seeking help into meaningful dynamic, existential or interpersonal themes, or if it is to thicken and co-author preferred narratives, professional discourses about what therapy is about – about ‘what works’ – have to a large extent been centered on articulate speech.

In our example, John’s utterances seem to fall outside the limits of discourse. From a semantic point of view, one might say that they are noises, pointing in the general direction of appreciation. If the point is articulation, the transcript from the dialogue between the interviewer and John could be summarised like this:

John: I liked my psychologist.

The point we are getting at here is that discourse lends understandability to its elements at a cost (Foucault, 2010). The cost is the covering up of whatever doesn’t fit. Thus, it is in the cracks of discourse, in the cases where the pre-defined values of the relations to, between, and among objects, do not join up or fit, that we can hope to get a glimpse of the realities hidden behind the veil of any given discourse. What floats behind this veil, or, as Ingold (2013a, p111) puts it, what ‘swirls around and between the islands that articulate knowledge joins up,’ is the personal, the idiosyncratic – what Ingold, following Polanyi, calls ‘personal knowledge.’

The Rational Community

‘Community,’ as a noun, refers to ‘a body of people who live in the same place, usually sharing a common cultural or ethnic identity’ (Oxford English Dictionaries, 2016). Biesta (2006) drawing on Lingis, claims that a community, traditionally, is constituted by a number of individuals sharing something – a language, a conceptual framework – and building something together: a nation, a city, an institution (p. 55). One example of such a community is what Lingis (1994) calls ‘the rational community.’ This community constitutes a common set of understandings, rules for action, and assumptions, and produces and is produced by a common discourse. In the rational community, individual insights are formulated as universal categories. As such, they become disconnected from the particular moment of utterance, and the particular person first articulating it. The shared assumptions constitute a rational system, wherein everything that is said implies and presupposes the laws and theories of the rational community (Biesta, 2006; Lingis, 1994, 2000).

Thus, when speaking rationally, we always speak *on behalf of*, as representatives of, the rational community. Within this community, it is the information, the semantic and the symbolic of what is said, that is of importance. What matters is *what* is said. The very vocalisation of what is said, with this particular voice, by this particular speaker, is unimportant (Biesta, 2004).

Rational interaction, and what Lingis (1994) calls *serious speech*, is about the repetition of certain patterns, about the conserving of relations. When you offer your seat

to an elderly woman on the bus, lift an infant in your arms, and speak in a soft, high-pitched voice, or greet a new client in the waiting room, you repeat patterns that presuppose, and simultaneously confirm, that social reality is built in a particular way. When putting on such performances, you invite others to think of you as a specimen of a particular category of person. You can be expected to act according to a certain plot. When performing accordingly, you signal that surprises are not to be expected. In doing so, you become replaceable. It is inconsequential whether it is you or someone else who does the talking and doing, as long as what is said is what *has* to be said, and what is done is what *has* to be done. The message is depersonalised. The individual is made into an interchangeable spokesperson for the discourse itself, the herald of a saga already written. This might be said to be what makes the rational community so valuable – it weaves us together across time and space. And it is in the very fact of replaceability that the possibility of society – in the sense of communities stable over time – emerges.

When the interviewer in the vignette above asks John, ‘What is it that makes him the world’s greatest psychologist, then?’, it seems likely that he is inviting John to give an articulate answer within the rational community. In a sense, the interviewer is giving him a second chance to re-enter the rational, from which he has slipped with his first answer about quiriness. The interviewer’s question might thus be seen as a correction, a verbal attempt to reestablish the bond of rationality in the conversation. Lingis (2000) claims that we experience rational community as long as the utterances of the other seem coherent and relevant to us. When we exchange utterances with agreed upon meanings with someone, we see the other as ‘someone with a mind like my own’ (Lingis, 2000, p. 85). From the verbal exchanges of the interview with John presented above, one can assume that ‘quiriness’ is not part of the coherent set of words that made up the interviewer’s vocabulary about possible qualities of mental health practitioners. Thus, a ‘crack’ in the smooth surface of rationality appears – suddenly, to the interviewer, John maybe isn’t ‘someone with a mind like my own’ after all?

The Community of Those Who Have Nothing in Common

Lingis makes the point that in any inter-subjective exchange there is always something more going on than the rational exchange of articulated ideas:

One exposes oneself to the other . . . not only with one’s insights and one’s ideas, that they may be contested, but one also exposes the nakedness of one’s eyes, one’s voice and one’s silences, one’s empty hands. For the other, the stranger, turns to one, not only with his or her convictions and judgments, but also with his or her frailty, susceptibility, mortality. . . . He or she turns to one a face made of carbon compounds, dust that shall return to dust, a face made of earth and air, made of warmth, of blood, made of light and shadow. He or she turns to one flesh scarred and wrinkled with suffering and with mortality. . . . One enters into community not by affirming oneself and one’s forces but by exposing oneself to expenditure at loss, to sacrifice. Community forms in a movement by which one exposes oneself to the other, to forces and powers outside oneself, to death and to the others who die (Lingis, 1994, pp. 11–12).

The kind of community that Lingis is referring to here is community as event; ‘something’ that *happens*, more than it is community as being – ‘something’ that *is*. This kind of community is not between the replaceable specimens of categories within the

rational community (e.g., between mental health practitioner and patient), but between irreplaceable subjects at an exact time and place.

Biesta (2014) links the idea of replaceability to the concept of identity, claiming that a person's identities are constituted by those characteristics she shares with certain others. This concept of identity Biesta (2010a) contrasts with what he calls *subjectification*. Subjectification refers to events where the unique and irreplaceable of the individual finds openings and comes into view. The field where such events can take place is the inter-subjective field. If the rational community is the frame around which we build a concrete society, then subjectification might happen when something new finds its way through the cracks in the concrete. Subjectification means for something unprecedented to fly under the radar of the rational, coming into view in a flash. And, like fireworks exploding in the air, creating an instantaneous community of those present and able to perceive.

When John speaks of 'the world's greatest psychologist,' he appears to be talking about events that have happened within the inter-subjective field created by the two of them, and, furthermore, that within these events something new, strange, or unprecedented has come into view. 'He is quirky' – he has been full of surprises. But this does not imply that these surprises have been breaches of professional conduct, or transgressions. They appear more like events of subjectification – of the coming into the world of something new that has created a community between John and the practitioner, made possible by their mutual acceptance and will towards each other. If these events have been just this, events happening outside the rational community, it makes sense that John is unable to communicate what they were in articulate speech. It is almost as if he is saying something like 'to understand what I'm talking about, you'd have to have been there.' The events he is referring to happened in (and were constitutive of) a community that has already been, someplace other than within the inter-subjective field between John and the present interviewer. Thus, the interviewer has no access to the community in question.

This kind of community, the kind that happens in flashes when something new breaks out, Lingis (1994) calls *the community of those who have nothing in common*. This community is what happens between us, or to us, when we meet each other as unique and irreplaceable, when it is the otherness of the Other that we respond to (Biesta, 2006, 2010b; Lingis, 1994). Upon entering the community of those who have nothing in common, you have to lay down your sword and shield, the concepts and understandings that you wield to keep others at a distance through understanding and classifying the events of the day and the people therein. When communicating experience in the articulate language of the rational, you tie up loose ends, fitting what happens into boxes already labelled. The ticket out of the rational community, and into the other community, is to perceive when something new comes along that doesn't fit in a box that is already there, and then accepting the paradox of un-closure. Through accepting the paradox, you respond to the coming-into-the-world of this new thing. Through responding by extending your attention towards what is happening, you carve a slot in time and space for the event of subjectification to happen.

Lingis concludes that the community of those who have nothing in common forms, comes into presence, in the interruption of the work and the enterprises of the rational community (Lingis, 1994). This community lives inside the rational community as a constant possibility, and comes into presence as soon as someone responds to another, to the otherness of the other, to what is strange in relation to the

discourse and logic of the rational community. It comes into existence when one speaks in one's own voice, with the voice that is unique, singular, and unprecedented. The voice that has never been heard before (Biesta, 2004, pp. 318–319).

Ethical Time and Ethical Space

To come into the world as a unique being is something that can only happen in the presence of others (Biesta, 2014). And to come into the world in the presence of others literally must be about moving our bodies in relation to other moving bodies. Thus, the field where this can happen is closely related to the time and space that make movements possible. Time and space can be seen as dimensions of experience (and not necessarily as objective entities). The world comes into presence for us through experience, and we experience the world as the future it promises and the place it offers.

Bøe et al. (2014), based on exploring the experiences of adolescents and families participating in network-oriented, dialogical approaches in mental health care, suggest that the experience of what is called 'mental health difficulties' can be thought of as having to do with the *perceived ability to move in relation to others*. As an extension of this argument, they suggest that time and space can be seen as *ethical* entities – as ethical time and ethical space. The ethical here refers to the possibility of being accepted or rejected by others, or, more fundamentally, of being responded to. In such a way, time and space become infused with ethics, since the questions 'Is there a place for me in this world?' and 'Is there a future for me in this world?' always linger in the background when feet are moving or clocks are ticking. Within the social world, both place and future are entities that presuppose the presence of responding others.

Bøe et al. (2015) propose that the aspects relating to time and space in dialogues between mental health practitioners and people seeking help can be understood along three dimensions. An *ethical dimension* is seen as primordial and necessary for *an expressive dimension* to be evoked which, then, paves the way for understanding, in a *hermeneutical dimension*. The hermeneutical dimension refers to the way *new meaning* emerges in dialogue, and how this may contribute to new views of the future. This hermeneutic dimension presupposes the expressive dimension which involves real movements, gestures, and utterances: the participants' vitality is evoked. Both the hermeneutic and the expressive dimensions presuppose an *ethical* dimension: the inviting attentiveness of the interlocutor is required to set the stage for the expression of subjectivity on the part of the person seeking help. Thus, only when expressivity and vitality is asked for and invited in the inter-subjective context of conversations, both the time and space for subjectification to happen is present.

In this context, 'ethical' refers to the fact that our experience of time and space often entails expectations about whether others will greet us, appreciate us, and respond to us. In such a line of argument, the world itself becomes ethical and no longer neutral (Biesta, 2014). The coming into the world in ethical time and space is something that cannot readily (or exclusively) be accounted for within the rational community. If there is to be a place and a future for us in the world, there has to be room for our otherness, for what singles us out, for what it is about each of us that is unique, unprecedented, and irreplaceable. If we cannot first come into the world as subjects, warts and all, we cannot hide our idiosyncrasies away seconds later to enter into a rational community.

Bridging the Un-Bridgable

Although we admit to being speculative, we think that the concept of the two communities provides a framework that allows us to begin to make some sense of what was happening in our example from the interview with John, and what he might have been trying to communicate in the interview. He is (i.e., he might be) trying to lift the shadows of events that happened between him and the practitioner whom he is referring to, and to lay these shadows out before the interviewer, so that the interviewer can see them. But, just as shadows are not material objects in the sense that they can be touched or lifted, so the events that John was referring to were not part of the rational community. And, since an interview (and even more so a transcript from an interview, or a journal article) is mainly part of the rational community, the task of lifting these shadows up on to the table is impossible. But John's description of the practitioner was more than words, it was a full human expression. It was bodily gestures, movements, glances, noises. He smiled from ear to ear, and his body squirmed in delight.

If the two communities – the rational and the other – exist side by side, as something like parallel dimensions, then thinking of individuals as *beings* is problematic, if a being is something that exists within something else that is permanent. Rather, we might think of individuals as biosocial *becomings* (Ingold, 2013b), oscillating between the identities of the rational community and the subjectivities of the community of those who have nothing in common.

The rational community has strengths that the other community lacks. By distilling meaning so that what is said is no longer dependent upon the moment and the way in which it is said, information is conserved. In conserved form, it can be cloned or replicated over and over, by any number of people. In the rational community, duration is essential. In the community of those who have nothing in common, it is the precise moment that is essential. In this respect, we are trying to achieve something impossible with this very text by trying to force something 'universal' out of something that one specific young boy said in a particular conversation. What he said, when he said it, where he said it, the way he said it, and to whom he said it, automatically gets strained out. But he didn't say it to you, the reader; he even said it to only one of the two authors. And he did not say it at the time you are reading this article, at the place where you are reading it – wherever you are sitting, standing, or lying down. When we write this, we therefore have to try and build a bridge between the moment where what we are writing about happened, to the moment when you are reading it. And this bridge must be built with bricks made within the rational community.

Saying Before the Said

In the community of those who have nothing in common, it is precisely the *who* of speaking that is important. It is the unique, the personal, the tone of voice, the way air travels across vocal chords, that is essential – much more so than the content of what is said. When referring to meaningful exchanges between individuals, we could say that the starting point of dialogue is the strangeness vis-à-vis each other. Or, quoting Levinas: 'Speech proceeds from absolute difference' (Levinas, 1969, p. 194). For a dialogue between strangers to become an event where the community of those who

have nothing in common takes centre stage, it is essential that it is the uncommon, the strange, that is provided time and space to come into presence. If one rather chooses to assess the appearing un-commonalities in ways seeking to approximate what appears, so that it fits with already established knowledge, and the existing order of things, one embarks upon a different path, one in the landscape of the rational community. From the perspective of ‘method,’ this means a choice of attentiveness, about what is given status as figure and ground, about what is heard as sound and noise (Biesta, 2010b).

Lingis, referring to Levinas, separates between the saying and the said. When the Other, within the community of those who have nothing in common, is invited to speak, it is not in the content of what is said that the new or strange is to be found; the newness consists of the fact that it is *his* or *her* voice that can be heard, that comes into the world. Lingis holds this capacity of language, the *speech* before the spoken, the saying before the said, to be the beginning of communication (Lingis, 1994).

Thus, it is within the community of those who have nothing in common that we come into the world as *ourselves*, as subjects, in the sense that we in our uniqueness are separated from all other individuals, past, present, and future. In this community, we are freed from the spell of uniformity, cast upon us in the rational community.

Subjectification is De-identification

It is here that dialogical practices within family therapy and mental health care services can facilitate cracks in the order of things. Through these cracks, possibilities for coming into the world as a subject opens. To become a subject is not about assuming an identity within an order (a society or a group). On the contrary, it is about de-identification (Biesta, 2010b). When giving time and space to a voice never heard before, unsorted in the sense of having been fitted in – when acknowledging the disruption of an outburst, the community of those who have nothing in common happens. The subject cannot come into presence in solitude – to come into presence is always to come into the presence of others (Biesta, 2014, p. 143). Or, as Levinas puts it, ‘my first word is not Descartes’ “ego cogito” . . . , it is rather “me voici” (“here I am”)’ (Levinas in Critchley & Bernasconi, 2002, p. 22).

Becoming a subject, then, is not about the identification of oneself within some order of things. The subject is an ethical event where this order is interrupted and an opening for otherness and newness is made. The event of becoming a subject, in the sense of showing one’s fundamental otherness, is only possible if one’s irreplaceability is actively acknowledged by another. Perhaps Rogozhin in Dostoevsky’s (2004) *The Idiot* articulates this as he says: ‘And never, never before had she talked like that to me, so that she even astonished me, for the first time I breathed like a living human being.’

Although the community of those who have nothing in common in a sense is ever-present in every inter-subjective exchange, it is quite easy to create situations in which the possibility for being addressed as unique and irreplaceable is edited out; when, as Biesta (quoting Masschelein) has put it, ‘we become immunized for the call of the other, where we put up our fences, close our eyes and ears – and perhaps our hearts – and eradicate the very risk of being interrupted by the other, the risk of being addressed by the other, of being put into question by the other’ (Biesta, 2014, pp. 145–146).

‘.. as its double or its shadow ...’

A final point to make about the idea of community is that the rational community and the community of those who have nothing in common should not be understood as completely separate communities. Furthermore, they cannot be thought of as two options that we can choose from. Rather, they should be seen as two different ways of being connected, each with their own possibilities and limitations for thinking and doing. However, it is important to point out that each time a rational community is constituted, it draws a borderline, it creates at the very same time an inside and an outside (Biesta, 2006). Lingis (1994) writes: ‘The community that produces something in common, that establishes truth and that now establishes a technological universe of simulacra, excludes the savages, the mystics, the psychotics – excludes their utterances and their bodies’ (Lingis, 1994, p. 13).

When people seek help from family therapy and mental health care services, they often do so from exactly such positions that Lingis writes about – from the position of being excluded, insufficient, marginalised. This gives us, the would-be helpers, cause for caution. When reading a referral sheet, or when hearing stories about presenting problems in a first session, we should be mindful of the potential for further exclusion that is imminent in our very methods for helping. The theories we use for making sense of what we hear (even if in collaboration with clients), and the methods for helping that we have learnt and that we apply (in however a transparent manner we apply them), all necessarily belong in part to the ‘technological universe of simulacra’ that Lingis writes about.

When two or more people enter into some version of a ‘therapeutic relationship,’ they position themselves vis-a-vis each other in a way that belongs to a rational community. Through this positioning, they assume the identity of either a practitioner of some sort, or as a client or patient. These identities provide participants with expectations of themselves and each other, and a rationale for what to do and how to make sense of what happens. A ‘perfect’ therapeutic relationship between practitioner and client (in the sense that the practitioner performs the optimal ‘relational behaviours’ for a ‘successful outcome’), can thus be seen as a generic relationship between identities. It might be that perfection, in this sense, comes at the risk of eliminating the potential for subjectification. That is because subjectification requires a gap – an imperfectness – in the rational community.

This should not be taken as an argument against rigorous theory or method in family therapy and mental health care. But it should remind us that our theories and methods always link us in community with certain others, and excludes someone else – and that quite often those edited out are the very same who come to us in the hope of being helped. Lingis writes that the community of those who have nothing in common ‘recurs ... troubles the rational community, as its double or its shadow’ (Lingis, 1994, p. 10). And this is important. Just as a shadow is the shadow *of something*, so the community of those who have nothing in common comes to life alongside the rational community, by the very fact that life is a proliferation of loose ends, which is carried on in a world that is not fully joined up, and not fully articulated (Ingold, 2013a). The rational community is by no means the enemy of subjectification, yet it can never produce a subject. The potential for subjectification comes to life at the loose ends of the meshwork that is rationality.

Feeling Forward

The concept of the community of those who have nothing in common, and the way Lingis contrasts this with the rational community, offers a framework for understanding that might add something to the concept of the therapeutic relationship. Lingis' distinction does nothing to de-value the importance of the scientific perspective on the therapeutic relationship. Yet, by referring to this kind of knowledge as something that belongs to the rational community, we suggest that incorporating scientifically supported behavioural patterns into the practice of family therapy and mental health care will not necessarily increase the likelihood that subjectification will happen. At most, applying such relational behaviours might make some identities more accessible to the people seeking help: to help people to become better parents, partners, or students. In many respects, one could claim that this is all that social institutions like family therapy services or mental health care could ever hope to accomplish. What Lingis helps us articulate is that this, although important, can never be the full story of what transpires in a relationship that is therapeutic. There is always something else going on, something that needs a concept of community that does not require (or allow) a set of pre-defineable variables to grasp.

In post-modernist approaches to family therapy and dialogical practice, the concept of the not-knowing position comes a long way in offering a stance from where openness towards the strangeness of the other can be appreciated: 'Not-knowing requires that our understandings, explanations, and interpretations in therapy not be limited by prior experiences or theoretically formed truths, and knowledge.' (Anderson & Goolishian, 1992). In our view, the radical openness implied in the concept of not-knowing stands in contrast with the idea of the therapeutic relationship as something that can be studied and utilised in a predictable manner. Maybe the concept of community, and Lingis' elaboration of two different communities occurring simultaneously, offers a way of relating to the relationship between practitioners and people seeking help that is more in tune with the concept of not-knowing, and thus more relevant to dialogical practices in general.

What consequences could the concept of community have for the training of family therapists and mental health practitioners? Traditionally, such training includes practices of socialisation concerned with fitting newcomers into an existing culture of professionalism. Practices involve learning about the phenomena one's profession is mandated to work with, currently sanctioned theories about why things go wrong in the lives of those seeking help, and what practitioners can, and ought to, do about it. Practices of socialisation also involve acquiring verbal skills for asking relevant questions and responding with relevant utterances, and mental skills for generating and piecing together coherent narratives that connect the individuals seeking help with the body of knowledge that makes up the family therapist or mental health practitioner's professionalism.

If being a good practitioner means being a professional together with whom events of subjectification might happen, then the process of becoming such a practitioner would imply a different – or additional – approach to learning than what is usually applied in clinical programs and textbooks. It would have to involve something other than learning when and how to activate a particular set of relational behaviours proven to produce successful outcomes (Norcross & Lambert, 2014). Although of massive importance to the rational understanding of how a therapeutic relationship may

contribute to outcomes (Duncan et al., 2010), any set of rigidly defined 'relational behaviours' to be performed by practitioners may just as easily block the possibilities for subjectification in the people seeking help.

Learning the skills required to become a practitioner together with whom subjectification might happen, might be more like the way Tim Ingold describes how practitioners of any discipline learn from what or whom they encounter: 'shaking off, instead of applying, the preconceptions that might otherwise give premature shape to their observations. It is to convert every certainty into a question, whose answer is to be found by attending to what lies before us, in the world, not by looking it up at the back of the book. In thus feeling forward rather than casting our eyes rearwards, in anticipation rather than retrospection, lies the path of discovery' (Ingold, 2013a, p. 2).

We believe that it might have been a process like this that led the practitioner that John talks about to be able to become quirky and to be the world's greatest psychologist.

Declaration of Interests

The authors declare that there are no conflicts of interest.

Notes

¹ In this article we mainly use the term 'practitioner' rather than 'therapist' because, as we see it, the themes we address should not be limited to what we refer to as therapy and therapists. It may be equally relevant for other professionals and practitioners who are in touch with people who experience mental health difficulties.

² The interview was conducted in Norwegian. The transcript has been translated into English by the second author in co-operation with a Norwegian-speaking colleague with a master's degree in English. John is not the boy's real name.

References

- Anderson, H., & Goolishian, H. (1992). The client is the expert: A not-knowing approach to therapy, in S. McNamee & K. J. Gergen (Eds.), *Therapy as Social Construction* (pp. 25–39). London: Sage.
- Arnkil, T.E., & Seikkula, J. (2015). Developing dialogicity in relational practices: Reflecting on experiences from open dialogues. *Australian and New Zealand Journal of Family Therapy*, 36(1), 142–154.
- Biesta, G. (2004). The community of those who have nothing in common: Education and the language of responsibility. *Interchange: A Quarterly Review of Education*, 35(3), 307–324.
- Biesta, G. (2006). *Beyond Learning. Democratic Education for a Human Future*. Boulder, CO: Paradigm.
- Biesta, G. (2010a). *Good Education in an Age of Measurement*. London: Paradigm.
- Biesta, G. (2010b). A new logic of emancipation: The methodology of Jacques Rancière. *Educational Theory*, 60(1), 39–59.
- Biesta, G. (2014). *The Beautiful Risk of Education*. Boulder, CO: Paradigm.
- Bøe, T.D., Kristoffersen, K., Lidbom, P.A., Lindvig, G.R., Seikkula, J., Ulland, D., & Zachariassen, K. (2013). Change is an ongoing ethical event: Levinas, Bakhtin and the dialogical dynamics of becoming. *Australian & New Zealand Journal of Family Therapy*, 34(1), 18–31.

- Bøe, T.D., Kristoffersen, K., Lidbom, P.A., Lindvig, G.R., Seikkula, J., Ulland, D., & Zachariassen, K. (2014). 'She offered me a place and a future': Change is an event of becoming through movement in ethical time and space. *Contemporary Family Therapy*, 36(4), 474–484.
- Bøe, T.D., Kristoffersen, K., Lidbom, P.A., Lindvig, G.R., Seikkula, J., Ulland, D., & Zachariassen, K. (2015). 'Through speaking, he finds himself. . . a bit': Dialogues open for moving and living through inviting attentiveness, expressive vitality and new meaning. *Australian and New Zealand Journal of Family Therapy*, 36(1), 167–187.
- Bordin, E.S. (1979). The generalizability of the psychoanalytic concept of the working alliance. *Psychotherapy*, 16(3), 252–260.
- Brown, J.M. (2015). Wherefore art 'thou' in the dialogical approach: The relevance of Buber's ideas to family therapy and research. *Australian and New Zealand Journal of Family Therapy*, 36(1), 188–203.
- Burr, V. (2003). *Social Constructivism* (2nd ed.). London: Routledge.
- Critchley, S., & Bernasconi, R. (2002). *The Cambridge Companion to Levinas*. Cambridge: Cambridge University Press.
- Dostoevsky, F. (2004). *The Idiot*. London: Penguin Books. Retrieved 19 March 2015 from: https://books.google.no/books?id=2-ly7aL57XgC&printsec=frontcover&dq=%22the+idiot%22+dostoevsky+transl+mcduff&hl=no&sa=X&ei=3TcLVdL0Fcm_PImqgLAG&redir_esc=y#v=onepage&q=human%20being&f=false
- Duncan, B.L., Miller, S.D., & Sparks, J.A. (2004). *The Heroic Client*. San Francisco, CA: Jossey-Bass.
- Duncan, B.L., Miller, S.D., Wampold, B.E., & Hubble, M.A. (Eds.) (2010). *Heart and Soul of Change in Psychotherapy* (2nd ed.). Washington, DC: American Psychological Association.
- Fonagy, P., & Allison, E. (2014). The role of mentalizing and epistemic trust in the therapeutic relationship. *Psychotherapy*, 51, 372–380.
- Foucault, M. (2010). The Archaeology of Knowledge. New York, NY: Vintage Books. Retrieved 15 March 2015 from: https://books.google.no/books?id=jSa7QzfcCK0C&printsec=frontcover&dq=foucault+archaeology+of+knowledge&hl=no&sa=X&ei=kGYMvBGBMMPRywOrloHwAw&redir_esc=y#v=onepage&q=foucault%20archaeology%20of%20knowledge&f=false
- Gergen, K.J. (1999). *An Invitation to Social Construction*. London: Sage.
- Hoffman, L. (1981). *Foundations of Family Therapy*. New York, NY: Basic Books.
- Ingold, T. (2013a). *Making. Anthropology, Archaeology, Art and Architecture*. Abingdon: Routledge.
- Ingold, T. (2013b). Prospect, in T. Ingold & G. Palsson (Eds.) *Biosocial Becomings. Integrating Social and Biological Anthropology* (pp. 1–21). Cambridge: Cambridge University Press.
- Larner, G. (2015a). Dialogical ethics: Imagining the other. *Australian and New Zealand Journal of Family Therapy*, 36(1), 155–166. doi:10.1002/anzf.1093.
- Larner, G. (2015b). Ethical family therapy: Speaking the language of the other. *Australian and New Zealand Journal of Family Therapy*, 36(4), 434–449.
- Levinas, E. (1969). *Totality and Infinity*. Dordrecht: Kluwer.
- Lidbom, P.A., Bøe, T.D., Kristoffersen, K., Ulland, D., & Seikkula, J. (2014). A study of a network meeting: Exploring the interplay between inner and outer dialogues in significant and meaningful moments. *Australian & New Zealand Journal of Family Therapy*, 35(2), 136–149.
- Lidbom, P.A., Bøe, T.D., Kristoffersen, K., Ulland, D., & Seikkula, J. (2015). How participants' inner dialogues contribute to significant and meaningful moments in network therapy with adolescents. *Contemporary Family Therapy*, 37(2), 122–129.

- Lingis, A. (1994). *The Community of Those Who Have Nothing in Common*. Bloomington and Indianapolis, IN: Indiana University Press.
- Lingis, A. (2000). *Dangerous Emotions*. Berkeley, CA: University of California Press.
- Norcross, J.C., & Lambert, M.J. (2011). Psychotherapy relationships that work II. *Psychotherapy*, 48(1), 4–8.
- Norcross, J.C., & Lambert, M.L. (2014). Relationship science and practice in psychotherapy: Closing commentary. *Psychotherapy*, 51(3), 398–403.
- Orlinsky, D.E. (2009). The ‘generic model of psychotherapy’ after 25 years: Evolution of a research-based metatheory. *Journal of Psychotherapy Intergration*, 19(4), 319–339.
- Oxford English Dictionaries. (2016). “community, *n*”. Oxford: Oxford University Press. Retrieved 23 March 2016 from <http://www.oxforddictionaries.com/definition/english/community>
- Rober, P. (2015). The challenge of creating dialogical space for both partners in couple therapy. *Australian and New Zealand Journal of Family Therapy*, 36, 105–121.
- Seikkula, J. (2011). Becoming dialogical: Psychotherapy or a way of life? *Australian and New Zealand Journal of Family Therapy*, 32(3), 179–193.
- Seikkula, J., & Trimble, D. (2005). Healing elements of therapeutic conversation: Dialogue as an embodiment of love. *Family Process*, 44(4), 461–475.
- Wampold, B.E., & Imel, Z.E. (2015). *The Great Psychotherapy Debate: The Evidence for What Makes Psychotherapy Work*. New York, NY: Routledge.